

FILED JUN 8 1944

Registration District No. 22Primary Registration District No. 1000Registrar's No. 575

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Mo. Methodist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
 (Specify whether
 In this community 11 days
 years, months or days)

3. (a) PRINT FULL NAME MYRTLE MULLEN3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Walter Mullen 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased January 4 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days : If less than one day
65 4 27 hr. min.

9. Birthplace Sciota Illinois
(City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name David Hall
 13. Birthplace McComb Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Frances Folks
 15. Birthplace unknown Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Mullen(b) Address Union Star, Mo.17. (a) burial (b) Date thereof 6/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Union Star(a) Signature of funeral director Hester Bittel & Bowman(b) Address 319 South 10th19. (a) 6/2/44 (b) Neen J. Poles
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 32
 (c) City or town Union Star
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 6 minute 35 P. M.21. I hereby certify that I attended the deceased from May 28, 1944, to June 1, 1944
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cholelithiasis with stone in common duct

Duration

Due to

Hypertension

Due to

Other conditions Cerebral hemorrhage
(Include pregnancy within 3 months of death)Major findings:
Of operations Common duct stone
Of autopsy Cholelithiasis with cholelithiasis - left - right hemiplegia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence 126
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature St. Joseph M. S. (M. D. or other)Address St. Joseph, Mo. Date signed 6-2-44

DEC 7 1944

DEC 4 1944

JAN 26 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Frank A. Bowman

Licensed Embalmer No.

1710

P.O. Address

St. Joseph W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.